

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						Serial No. 09/1762779	Filing Date
						Applicant(s)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
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42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
51						TOTAL IND.	
52						TOTAL DEP.	
53						TOTAL CLAIMS	
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TOTAL IND.							
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TOTAL CLAIMS							